



Robert F. McDonnell
Governor

James S. Cheng
Secretary of
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COMMONWEALTH of VIRGINIA

DEPARTMENT OF
HOUSING AND COMMUNITY DEVELOPMENT

William C. Shelton
Director

VIRGINIA MANUFACTURED HOUSING BOARD APPLICATION FOR LICENSURE

SALESPERSON

1. Type of application: () Initial () Renewal () Reinstatement
2. Full Name of Business: _____
3. Phone Number of Business Location: () _____
4. Business Mailing Address (include street and/or P.O. Box): _____

5. Business Physical Address: _____

6. Business Federal Identification Number (F.I.N.): _____
7. Name of Individual applying for Sales License: _____
8. E-mail Address of Individual Applying: _____
9. Mailing address of Individual Applying: _____

10. Phone Number for Individual Applying: _____
11. Provide the following Information: Date of Birth _____; () Male () Female; Height _____;
Weight _____; Hair Color _____; Eye Color _____
12. List any previous license numbers issued by the Board that you have conducted business under during the last five years. (Attach additional pages as needed.).

Partners for Better Communities



www.dhcd.virginia.gov

13. Read each question below and mark the appropriate response. If you answer "yes" to any of the following questions, please attach a separate sheet explaining the circumstance(s) from start to finish. Include names, dates, court jurisdictions, and supply copy of probation papers and/or release documents.

- A. Have you ever been refused a license to sell manufactured homes or had a license suspended or revoked?
☐ Yes ☐ No
- B. Have you ever been convicted of a felony?
☐ Yes ☐ No
- C. Have you ever been convicted of any fraudulent or criminal act in connection with the business of selling manufactured homes?
☐ Yes ☐ No
- D. Have you ever been convicted of larceny; or receipt or sale of stolen property?
☐ Yes ☐ No
- E. Have you ever been affiliated with, held an interest in; or operated a company that went bankrupt?
☐ Yes ☐ No

14. Read and sign the Statement of Compliance.

**SALESPERSON'S
STATEMENT OF COMPLIANCE**

I _____ certify that I am familiar with the
(Name of Applicant print your name)

Manufactured Housing Licensing and Transaction Recovery Fund Regulations and other laws which govern the manufactured housing industry, and that I am in compliance with all such laws and regulations, and that the answers contained in the foregoing application are true and correct and that I have the authority to sign this application and answer the questions contained therein.

Name of Business: _____

Signature of Applicant: _____

Date of Signature: _____

NOTE:

Return the completed application with a check or money order made payable to “**Treasurer of Virginia**” and mail to the following address:

**Virginia Department of Housing and Community Development
Division of Building & Fire Regulation
P.O. Box 652
Richmond, VA 23218-0652**

(Please see the Instructions for the applicable fees.)